FIS 0325 (9/07) Office of Financial and Insurance Services

HMO/AFDS Submission of Certificate of Coverage, Rider, Rates

IMPORTANT INSTRUCTIONS: Health maintenance organizations (HMO) and alternative financing and delivery systems (AFDS) must seek the Commissioner's prior approval of any new or changes to existing certificates of coverage or riders, (collectively referred to as forms) and associated rates that are related to the form before selling such coverage to subscribers (MCL 500.3521, 500.3523, and 500.3525). Forms must be written in an easy to understand format, and demonstrate compliance with all applicable sections of the Michigan Insurance Code.

If any form results in a new rate or change in rates, *submit the form and rates together*. Incomplete submissions will not be reviewed. Submit a complete initial filing with full supporting documentation to avoid delaying the approval process.

Name of Company

Request for Action: *Check all boxes that apply to identify the form(s) and rate(s) submitted for review and determination by OFIS*

	Certificate of Coverage	Rider	Rates	Other (explain)
New:	☐	☐	☐	☐ _____
Change to Existing OFIS Approved:	☐	☐	☐	☐ _____

Required Supporting Documentation: *Provide the following as a single attachment on company letterhead.*

Please include each item with the same number and title as the bold headings and in the same order as this list:

1. Purpose, Use & Description: *In narrative form, provide a comprehensive descriptive summary of the submitted forms. Specifically identify the target subscriber for the product.*

2. Disposition of Current Forms: *Identify any current OFIS approved forms being replaced or revised with this filing. Provide the OFIS file number, and approval date of the forms. If the filing includes revisions to a current OFIS approved form, please attach a current, complete, unedited copy AND a copy that shows proposed revisions using highlight and strikethrough.*

3. Proposed Implementation Date: *Indicate the desired effective date for rates and marketing the forms.*

4. Benefits, Exclusions & Limitations: *Clearly identify, and summarize what health care benefits will be covered, or excluded by the filing, and/or any benefit limitations.*

5. Application Card/Identification Card: *Indicate if there are any changes to the member's enrollment card.*

6. Rates: *If filing includes rates, attach a comprehensive rate schedule, rate development/rationale, methodology and supporting documentation.*

Certification

I certify that certificates of coverage, riders, or rates included in this filing comply with Michigan insurance laws. I certify that none of these proposed forms or rates have previously been denied by OFIS, unless otherwise disclosed in this filing.

Signature of officer	Date signed	Officer Name and Title (please type or print)

Name of person responsible for FORMS (please type or print)	Phone number and email address

Name of person responsible for RATES (if different than for forms)	Phone number and email address

Authority: 1956 PA 218 as amended. Submission is required for HMOs and AFDS introducing or changing certificate of coverage, rider and/or rates. Failure to submit this form properly may delay approval processing. Using forms or rates that are not approved may result in an action limiting or revoking the entity's certificate of authority in Michigan.

When filing is complete, submit by mailing to:

(forms only)
OFIS - Supervisory Affairs & Insurance Monitoring
PO Box 30220
Lansing, MI 48909-7720

(rates only or rates with forms)
OFIS
Health Plans Division
PO Box 30220
Lansing, MI 48909-7720

For questions about FORM filings, phone Supervisory Affairs & Insurance Monitoring at (517) 373-0246.

For questions about RATE filings, contact Health Plans Division at (517) 241-4549